

**RITA A. VARGAS, MPA**  
OFFICE OF THE COUNTY RECORDER  
600 W. 4<sup>th</sup> Street Davenport, IA 52801  
Phone: (563) 326-8621 or Fax: (563) 328-3225  
[recorder@scottcountyia.com](mailto:recorder@scottcountyia.com)



### APPLICATION FOR DD214 MILITARY RECORD

Name of Veteran: \_\_\_\_\_

Birth Date of Veteran: \_\_\_\_\_

Purpose for copy: \_\_\_\_\_

Applicant's Relationship to the Person Named on the Record

- Self
- Immediate Family: relationship \_\_\_\_\_

Authorized Agent/Agency:

- POA
- Funeral Director
- Attorney
- Other: \_\_\_\_\_

APPPLICANT INFORMATION: Person Receiving Copy of Record

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTARY PUBLIC

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed & Affirmed by \_\_\_\_\_

Write Applicant's Name exactly as appears on I.D.

\_\_\_\_\_  
**Notary Public's Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
Notary Address & Expiration

NOTARY  
SEAL